

DATA COLLECTION SCHEDULE FOR MEPS SUPPLEMENTS																									
	Panel 1					Panel 2					Panel 3					Panel 4					Panel 5				
Supplement	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5	R1	R2	R3	R4	R5
Health status—IADLs, ADLs, equipment, limitations	x		x		x	x		x		x	x		x		x	x		x		x	x		x		x
Health status—IADLs, ADLs, vision, hearing, children		x		x			x		x			x		x			x		x			x		x	
Alternative/preventive care			x					x		x			x												
Long term care				x			x		x			x													
Caregiver				x			x		x			x													
Access to care		x					x		x			x		x			x		x			x		x	
Satisfaction with health plan		x					x		x			x		x			x		x			x		x	
Income			x		x			x		x			x		x			x		x			x		x
Assets					x					x					x					x					x
Additional other medical expenses			x		x			x		x			x		x			x		x			x		x
MPC permission forms—hospital based events only	x					x					x					x					x				
MPC permission forms—all eligible events		x	x	x	x		x	x	x	x		x	x	x	x		x	x	x	x		x	x	x	x
IC sample identification	x		x			x		x			x		x			x		x			x		x		
IC permission forms-first sample		x					x																		
IC permission forms-second IC sample				x																					
Pharmacy permission forms			x		x			x		x			x		x			x		x			x		x
Policy booklets-first IC sample	x					x																			
Policy booklets-second IC sample			x																						
Adult self administered questionnaire (SAQ)		x																	x			x			
Child self administered questionnaire (SAQ)			x																x			x			
Quality priority conditions																				x			x		
Preventive care supplement																				x			x		